

(Modified) PTO/SB/29 (8/98)  
 Approved for use through 09/30/2000. OMB 0651-0032  
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL

Submit an original, and a duplicate for fee processing.

CHECK BOX, if applicable

☐ DUPLICATE

(Only for Continuation or Divisional applications under 37 C.F.R. §1.53(d))

Address to:  Assistant Commissioner for Patents Box CPA Washington, D.C. 20231	Attorney Docket No. of Prior Application	0113.410US
	First Named Inventor	Venkiteswatan Subramanian
	Examiner Name	D. Johannsen
	Group/Art Unit	1655
	Express Mail Label No.:	

This is a request for a ☒ continuation or ☐ divisional application under 37 C.F.R. §1.53(d),  
 (continued prosecution application (CPA)) of prior application No. 09/373.333,  
 filed on August 12, 1999, entitled DNA SHUFFLING TO PRODUCE HERBICIDE SELECTIVE CROPS.

FEB 01 2002

GROUP 1600

## NOTES

**FILING QUALIFICATIONS:** The prior application identified above must be a nonprovisional application that is either: (1) complete as defined by 37 C.F.R. §1.51(b), or (2) the national stage of an international application in compliance with 35 U.S.C. 371. A Notice will be placed on a patent issuing from a CPA, except for reissues and designs, to the effect that the patent issued on a CPA and is subject to the twenty-year patent term provisions of 35 U.S.C. §154(a)(2). Therefore, the prior application of a CPA may have been filed before, on or after June 8, 1995.

**C-I-P NOT PERMITTED:** A continuation-in-part application cannot be filed as a CPA under 37 C.F.R. §1.53(d), but must be filed under 37 C.F.R. §1.53(b).

**EXPRESS ABANDONMENT OF PRIOR APPLICATION:** The filing of this CPA is a request to expressly abandon the prior application as of the filing date of the request for a CPA. 37 C.F.R. §1.53(b) must be used to file a continuation, divisional or continuation-in-part of an application that is not to be abandoned.

**ACCESS TO PRIOR APPLICATION:** The filing of this CPA will be construed to include a waiver of confidentiality by the applicant under 35 U.S.C. 122 to the extent that any member of the public who is entitled under the provisions of 37 C.F.R. §1.14 to access to, copies of, or information concerning, the prior application may be given similar access to, copies of, or similar information concerning, the other application or applications in the file jacket.

**35 U.S.C. 120 STATEMENT:** In a CPA, no reference to the prior application is needed in the first sentence of the specification and none should be submitted. If a sentence referencing the prior application is submitted, it will not be entered. A request for a CPA is the specific reference required by 35 U.S.C. 120 and to every application assigned the application number identified in such request, 37 C.F.R. §1.78(a).

- ☐ Enter the amendment previously filed on \_\_\_\_\_ under 37 C.F.R. §1.116 in the prior non provisional application.
- ☒ An amendment is enclosed
- This application is filed by fewer than all the inventors named in the prior application, 37 C.F.R. §1.53(d)(4).
  - ☐ DELETE the following inventor(s) named in the prior nonprovisional application:
  - ☐ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
- ☐ A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
- ☐ Information Disclosure Statement (IDS) is enclosed:
  - ☐ PTO-1449
  - ☐ Copies of IDS Citations

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	<b>TOTAL CLAIMS</b> (37 C.F.R. §1.16(c) or (l))	29 -20* =	9	x \$ 18 =	\$162.00
	<b>INDEPENDENT CLAIMS</b> (37 C.F.R. §1.16(B) OR (l))	1 -3** =	0	x \$ =	\$0.00
	<b>MULTIPLE DEPENDENT CLAIMS</b> (if applicable) (37 C.F.R. §1.16(d))			+ \$ =	\$0.00
				<b>BASIC FEE</b> (37 C.F.R. §1.16)	\$710.00
				Total of above Calculations =	\$872.00
	Reduction by 50% for filing by small entity (Note 37 C.F.R. §1.9, 1.27 & 1.28).				
	* Reissue claims in excess of 20 and over original patent. ** Reissue Independent claims over original patent.				
	<b>TOTAL =</b>				<b>\$872.00</b>

6. Small entity status:
- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0990 :
- a. ☒ Fees required under 37 C.F.R. §1.16.
- b. ☐ Fees required under 37 C.F.R. §1.17.
- c. ☐ Fees required under 37 C.F.R. §1.18.
8. ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.
9. ☒ New Attorney Docket Number, if desired 0113.410US  
 (Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.)
10. a. ☒ Receipt for Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☐ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
11. ☒ Other: Petition for Extension of Time

**NOTE:**

The prior applications correspondence address will carry over to this CPA  
 UNLESS a new correspondence address is provided below.

**12. NEW CORRESPONDENCE ADDRESS**

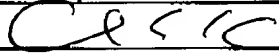

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		 <b>30560</b> PATENT TRADEMARK OFFICE		or <input checked="" type="checkbox"/> New correspondence address below	
Name		Christopher M. Holman			
		Maxygen, Inc.			
Address		515 Galveston Drive			
City	Redwood City	State	CA	Zip Code	94063
Country	USA	Telephone	650-298-5884	Fax	650-298-5446

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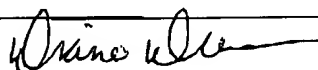
**13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)	Christopher M. Holman
Signature	
Registration No. (Attorney/Agent)	40,021
Date	

**CERTIFICATE OF EXPRESS MAILING under 37 CFR 1.10**

Express Mail Label No:	Date of Deposit
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, DC 20231.	
Signature _____	
Typed Name of Person Mailing Paper or Fee _____	

**CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <u>January 31, 2002</u>		Examiner: Diana Johannsen	
		Tech Center: 1655	
		Facsimile Number: 703-305-3014 or 305-4242	
Typed or printed name	Diane D. Dunn		
Signature		Date	1/31/02

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If this RECEIPT is included with a request for a CPA filed by facsimile transmission, it will be date stamped and mailed to the ADDRESS in Item 1.

**1. ADDRESS**

Applicants Mailing Address for this receipt must be  
 CLEARLY PRINTED or TYPED in the box below.

**Maxygen, Inc.  
 515 Galveston Drive  
 Redwood City, CA 94063  
 USA**

**RECEIPT  
 FOR  
 FACSIMILE TRANSMITTED  
 CPA**

*(To accompany a request  
 for a Continued Prosecution Application (CPA)  
 under 37 CFR 1.53(d)  
 filed by facsimile transmission)*

**NOTE:** By this receipt, the PTO (a) acknowledges that a request for a CPA was filed by facsimile transmission on the date stamped below by the PTO and (b) verifies only that the application number provided by the applicant on this receipt is the same as the application number provided on the accompanying request for a CPA. This receipt CANNOT be used to acknowledge receipt of any paper(s) other than the request for a CPA.

**2. APPLICATION IDENTIFICATION**

*(Provide at least enough information to identify the application)*

**a. For prior application**

Application No: 09/373,333

Filing Date: August 12, 1999

Title: DNA SHUFFLING TO PRODUCE HERBICIDE  
 SELECTIVE CROPS

Attorney Docket No.: 0113.004US

First Named Inventor: Venkateswatan Subramanian

**b. For Instant CPA application**

New Attorney Docket No:  
*(if applicable)* 0113.410US

The PTO date stamp, which appears in the box to the right, is an acknowledgement by the PTO of receipt of a request for a CPA filed by facsimile transmission on the date indicated below.

*(THIS AREA FOR PTO DATE STAMP USE)*

**PTO HANDLING INSTRUCTIONS:**

Please stamp area to the right with the date the complete transmission of the request for a CPA was received by the PTO and also include the PTO organization name that provided the date stamp (stamp may include both items). Verify that the application number provided by the applicant on this receipt is the same as the application number provided by applicant on the request for a CPA accompanying this receipt. If there is an inconsistency between the application number provided on this receipt and the request for a CPA, strike through the inconsistent application number provided on this receipt and insert the correct application number, if possible. Then place in a window envelope and mail.